

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>STO</i> | <i>STO</i> | <i>5/19</i> |
| RESPONSE FORMALITY REVIEW | <i>ck</i> | <i>1109</i> | <i>11-09-01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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607
 11-13-01